

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER		12-15-94
EXAMINER	300	1-6-95
TYPIST	058	1/6/95
VERIFIER	290 314	1-11-95/14/95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	1-18-94	
2	✓	1-18-94	
3	✓	1-18-94	
4	✓	1-18-94	
5	✓	1-18-94	
6	✓	1-18-94	
7	✓	1-18-94	
8	✓	1-18-94	
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10	✓	1-18-94	
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31	✓	1-18-94	
32	✓	1-18-94	
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SYMBOLS

✓ Rejected

..... Allowed

(Through numeral) Canceled

..... Restricted

N Non-elected

I Interference

A Appeal

O Objected

Claim	Final	Original	Date
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